Appendix

Academic Emergency Medicine Department Environmental Scan

# Environmental Scan: Adult Hospital VersionAcademic Section of the Canadian Association of Emergency PhysiciansNovember 18, 2013

Introduction

The Academic Section appreciates your assistance with this environmental scan of academic emergency medicine activities. All Canadian medical schools and major teaching hospitals are being contacted.

The objectives are to:

Create a database of academic activities, physician leaders, infrastructure, and resources at each Canadian medical school

 Support academic EM departments, divisions or units at each medical school and teaching hospital to ensure appropriate status, resources, and infrastructure S

upport teaching programs and directors in the education of medical students, EM residents, off-service residents, EM fellows, faculty physicians, community physicians, and allied health professionals

Promote high-quality research activities at Canadian medical schools and teaching hospitals in order to improve patient care

We expect that the scan will identify areas of strength and weakness at each medical school and teaching hospital, allowing us to better plan strategies to improve academic activities. We believe that individual sites may be empowered by the knowledge of what is being done elsewhere and this may lead to successful requests for increased support from the universities and hospitals.

Process

This survey was developed with questions focusing on three main areas: Administration, Education, and Research. We will survey pediatric hospitals separately. Staff at the University of Ottawa will work with administrative staff at each site to complete the electronic survey form. Telephone interviews may be conducted with physician leaders to supplement data obtained on the form. A survey outline and the detailed questions follow. Use the text boxes to explain or expand on your responses. We will compile tables allowing easy comparison of sites. Some specific data as noted that relates to funding will be kept confidential. Detailed tables will be offered to leaders at each site, and ultimately we hope to make the results publicly accessible. Finally, an abbreviated version will be published in CJEM.

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# University Name:

# Name of Department/Division:

# Name and contact information of person(s) completing survey:

# Completion date:

# 1. Administration Questions

(a) University Status

# Is Emergency Medicine specifically identified at your university?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Not applicable |

# Our Emergency Medicine Department is a:

|  |  |
| --- | --- |
|  | Full Department |
|  | Division |
|  | Section |
|  | Other, please specify... \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Not applicable |

# What year was this status obtained?

# Page 4

# 1. Administration Questions

(a) University Status cont'd

# If a division, list the Division affiliations:

|  |  |
| --- | --- |
|  | Not applicable |
|  | Medicine |
|  | Surgery |
|  | Family Medicine |
|  | Pediatrics |
|  | Other, please specify... \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# Is the Department or Division funded?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Not applicable |

# If yes, indicate % funding by source:

|  |  |
| --- | --- |
|  | Not applicable |
|  | University \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Hospital \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Physician Group \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Other, please specify... \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# Is Pediatric Emergency Medicine identified at your university?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Not applicable |

# If yes, is it primarily within:

|  |  |
| --- | --- |
|  | Pediatrics |
|  | Emergency Medicine |
|  | Other, please specify... \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Not applicable |

# If Pediatrics, can faculty have cross-appointments to Emergency Medicine?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Not applicable |

# Comment:

# Page 5

# 1. Administration Questions

(b) Major Adult Teaching Hospitals (defined as a large academic health science centre with a wide range of residency programs as well as medical student clerkship activity; usually these hospitals are in close proximity to a medical school and conduct research)

# How many major adult teaching hospitals are there?

# Please list their names:

# Do you have a specialized Pediatric Teaching Hospital?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Not applicable |

# If yes, name of pediatric hospital:

# Other Teaching Hospitals (defined as other hospitals that regularly take residents or clinical clerks for rotation, not electives)

# How many other hospitals regularly take your clinical clerks for rotations?

# How many other hospitals regularly take your residents for rotations?

# Page 6

# Remaining questions apply to Major Adult Teaching Hospitals as there is a separate questionnaire for pediatric hospitals.

# 1. Administration Questions

(c) Personnel

# Does your university department or division have a Chair/Chief?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Not applicable |

# If yes, is the position funded?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Not applicable |

# If yes (Chair/Chief), indicate source of funding (all that apply):

|  |  |
| --- | --- |
|  | Not applicable |
|  | University |
|  | Hospital |
|  | Physician Group |
|  | Other, please specify... \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# Does your university department or division have a vice-Chair/vice-Chief?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Not applicable |

# If yes, funded?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Not applicable |

# If yes (vice-Chair/vice-Chief), indicate source of funding (all that apply):

|  |  |
| --- | --- |
|  | Not applicable |
|  | University |
|  | Hospital |
|  | Physician Group |
|  | Other, please specify... \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# Indicate number of FTE administrative staff (exclusive of those specifically for undergraduate or postgraduate education (i.e. post-grad or under-grad) or research staff):

# If yes, indicate source of funding (all that apply):

|  |  |
| --- | --- |
|  | Not applicable |
|  | University |
|  | Hospital |
|  | Physician Group |
|  | Other, please specify... \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# How many administrative office spaces are available for the Chair and administrative staff (exclusive of those specifically for education or research staff)?

# Comment:

# Page 7

# 1. Administration Questions

(d) Faculty

# Total number of MDs working at Major Adult Teaching Hospitals:

# Of these, number with primary appointment to university Dept/Division of EM:

# Of these, how many are full professors?

# How many are associate professors?

# Number of non-physician PhDs with primary appointment to university Dept/Division of EM:

# Total number of MDs at Other Teaching Hospitals with university appointment:

# Comment:

# Page 8

# 2. Education Questions

(a) General Education - Adult Hospitals Most questions relate to Faculty whose primary appointment is with Emergency Medicine and who work at the major adult teaching hospitals)

# Do you have an overall Director of EM Education (for all education activities)?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Not applicable |

# If yes, is the position funded?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Not applicable |

# Do you have a Director of EM Education Scholarship (whose role is oversee education research and scholarship)?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Not applicable |

# If yes, funded?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Not applicable |

# Number of FTE support staff for all education programs:

# Number of dedicated offices for staff and directors:

# Page 9

# 2. Education Questions

(a) General Education - Adult Hospitals cont'd (Most questions relate to Faculty whose primary appointment is with Emergency Medicine and who work at the major adult teaching hospitals)

# Do you have a combined Education Committee for all education programs?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Not applicable |

# If yes, how many members:

# If yes, how many meetings per year?

# Do you have a compensation or points system to reward faculty for teaching activities (other than stipends)?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Not applicable |

# If yes, how much is provided in total per year ($):

# How many off-service residents rotate through annually?

# Comment:

# Page 10

# 2. Education Questions

(b) Undergraduate Education (Most questions relate to Faculty whose primary appointment is with Emergency Medicine and who work at the major adult teaching hospitals)

# Do you have a clerkship program?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Not applicable |

# If yes, how many weeks?

# How many students per year?

# Number of hospital campuses involved in clerkship rotation:

# Is there a clerkship director?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Not applicable |

# Funded?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Not applicable |

# If yes, indicate source of funding (all that apply):

|  |  |
| --- | --- |
|  | Not applicable |
|  | University |
|  | Hospital |
|  | Physician Group |
|  | Other, please specify... \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# Is there an assistant clerkship director?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Not applicable |

# Funded?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Not applicable |

# If yes, indicate source of funding (all that apply):

|  |  |
| --- | --- |
|  | Not applicable |
|  | University |
|  | Hospital |
|  | Physician Group |
|  | Other, please specify... \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# Comment:

# Page 11

# 2. Education Questions

(b) Undergraduate Education cont'd (Most questions relate to Faculty whose primary appointment is with Emergency Medicine and who work at the major adult teaching hospitals)

# Is there an elective director?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Not applicable |

# Funded?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Not applicable |

# If yes, indicate source of funding (all that apply):

|  |  |
| --- | --- |
|  | Not applicable |
|  | University |
|  | Hospital |
|  | Physician Group |
|  | Other, please specify... \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# Indicate other director:

# Funded?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Not applicable |

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# 2. Education Questions

(b) Undergraduate Education cont'd (Most questions relate to Faculty whose primary appointment is with Emergency Medicine and who work at the major adult teaching hospitals)

# Do faculty provide non-clinical “teaching shifts” (e.g., where faculty take small groups to bedside for teaching without clinical responsibilities)?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Not applicable |

# Funded?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Not applicable |

# Do you provide observerships or electives to pre-clerkship students?

|  |  |
| --- | --- |
|  | Observerships |
|  | Electives  |
|  | Other, please specify... \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Not applicable |

# Indicate number of FTE support staff for undergraduate education:

# How many dedicated offices are there for staff and directors?

# Comment:

# Page 13

# 2. Education Questions

(c) CCFP-EM Residency Training (Most questions relate to Faculty whose primary appointment is with Emergency Medicine and who work at the major adult teaching hospitals)

# How many CARMS residents per year?

# How many residents per year funded from other sources?

# Is this program administered by EM or Family Medicine?

|  |  |
| --- | --- |
|  | EM |
|  | Family Medicine |
|  | Other, please specify... \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# Is the program director funded?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Not applicable |

# If yes, indicate source of funding (all that apply):

|  |  |
| --- | --- |
|  | Not applicable |
|  | University |
|  | Hospital |
|  | Physician Group |
|  | Other, please specify... \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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# 2. Education Questions

(c) CCFP-EM Residency Training cont'd (Most questions relate to Faculty whose primary appointment is with Emergency Medicine and who work at the major adult teaching hospitals)

# Is there an assistant program director?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Not applicable |

# Funded?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Not applicable |

# If yes, indicate source of funding (all that apply):

|  |  |
| --- | --- |
|  | Not applicable |
|  | University |
|  | Hospital |
|  | Physician Group |
|  | Other, please specify... \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# Indicate number of FTE support staff for CCFP-EM program:

# How many dedicated offices are there for staff and directors?

# Number of hospital campuses involved in core rotation(s):

# Comment:

# Page 15

# 2. Education Questions

(d) Royal College Residency Training (Most questions relate to Faculty whose primary appointment is with Emergency Medicine and who work at the major adult teaching hospitals)

# Do you have an RC training program?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Not applicable |

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# 2. Education Questions

(d) Royal College Residency Training cont'd (Most questions relate to Faculty whose primary appointment is with Emergency Medicine and who work at the major adult teaching hospitals)

# How many CARMS residents per year?

# How many residents per year funded from other sources?

# Is this program administered by EM or Family Medicine?

|  |  |
| --- | --- |
|  | EM |
|  | Family Medicine |
|  | Other, please specify... \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Not applicable |

# Is the program director funded?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Not applicable |

# If yes, indicate source of funding (all that apply):

|  |  |
| --- | --- |
|  | Not applicable |
|  | University |
|  | Hospital |
|  | Physician Group |
|  | Other, please specify... \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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# 2. Education Questions

(d) Royal College Residency Training cont'd (Most questions relate to Faculty whose primary appointment is with Emergency Medicine and who work at the major adult teaching hospitals)

# Is there an assistant program director?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Not applicable |

# Funded?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Not applicable |

# If yes, indicate source of funding (all that apply):

|  |  |
| --- | --- |
|  | Not applicable |
|  | University |
|  | Hospital |
|  | Physician Group |
|  | Other, please specify... \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# Indicate number of FTE support staff for RC program:

# How many dedicated offices are there for staff and directors?

# Number of adult hospital campuses involved in core rotation(s):

# Comment:

# Page 18

# 2. Education Questions

(e) Fellowship Training (Most questions relate to Faculty whose primary appointment is with Emergency Medicine and who work at the major adult teaching hospitals)

# Do you offer EM Fellowship training?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Not applicable |

# Page 19

# 2. Education Questions

(e) Fellowship Training cont'd (Most questions relate to Faculty whose primary appointment is with Emergency Medicine and who work at the major adult teaching hospitals)

# Indicate types of Fellowships and funding:

|  |  |  |
| --- | --- | --- |
|  | Types Available | Director Funded (check for yes) |
| Pediatrics?  |  |  |
| Ultrasound? |  |  |
| EMS? |  |  |
| Simulation? |  |  |
| Education? |  |  |
| Other? |  |  |

# Indicate other and its funding source.

# Comment:

# Page 20

# 2. Education Questions

(f) Off-service Residents (Most questions relate to Faculty whose primary appointment is with Emergency Medicine and who work at the major adult teaching hospitals)

# How many off-service residents rotate through adult hospitals annually?

# Do you provide specific education sessions for these residents?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Not applicable |

# Do you have a Director of off-service residents?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Not applicable |

# If yes, funded?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Not applicable |

# 2. Education Questions

(g) Special Programs(Most questions relate to Faculty whose primary appointment is with Emergency Medicine and who work at the major adult teaching hospitals)

# How many physicians have a stipend to teach Ultrasound?

# How many physicians have a stipend to teach Simulation?

# Comment:

# Page 21

# 2. Education Questions

(h) Continuing Professional Development (Most questions relate to Faculty whose primary appointment is with Emergency Medicine and who work at the major adult teaching hospitals)

# Do you have a Director of CPD?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Not applicable |

# If yes, funded?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Not applicable |

# Do you host an annual EM CPD/CME conference?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Not applicable |

# If yes, how many days:

# If yes, how many registrants in last year:

# Do you participate in, but not host, an annual CPD/CME conference that includes EM?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Not applicable |

# Do you host any of the following workshops or training courses (excluding CAEP roadshows)?

|  |  |
| --- | --- |
|  | ACLS? Number per year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | ATLS? Number per year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Ultrasound? Number per year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Simulation? Number per year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Other? Number per year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# Do you provide CPD/CME Outreach lectures/workshops at community hospitals?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Not applicable |

# How many per year?

# Comment:

# Page 22

# 2. Education Questions

(i) Faculty Development (Most questions relate to Faculty whose primary appointment is with Emergency Medicine and who work at the major adult teaching hospitals)

# Do you provide CPD for your faculty?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Not applicable |

# Do you have a CPD director?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Not applicable |

# Funded?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Not applicable |

# Do you hold annual faculty retreats?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Not applicable |

# How many sessions per year?

# Are leadership courses available at your institution?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Not applicable |

# Page 23

# 2. Education Questions

(j) Education Scholarship (Most questions relate to Faculty whose primary appointment is with Emergency Medicine and who work at the major adult teaching hospitals)

# How many faculty members have a Masters of Education or equivalent education?

# How many faculty members have completed a formal education fellowship?

# How many are funded to carry out education scholarship?

# How many have external peer-reviewed salary awards?

# How many external peer-reviewed education grants does your group currently hold?

# How many education-focused peer-reviewed publications has your group had in the past five years?

# Comment:

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# 2. Education Questions

(j) Education Scholarship (Most questions relate to Faculty whose primary appointment is with Emergency Medicine and who work at the major adult teaching hospitals)

# Do you have access to an Academic Education Institute/Facility with PhD educators?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Not applicable |

# Do you reward faculty for education scholarship, excluding salary awards?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Not applicable |

# If yes, how much per year?

# Do you provide education grants to conduct education projects (excluding salary awards)?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Not applicable |

# If yes, how much per year?

# Comment:

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# 3. Research Questions

(a) Funded Clinician Researchers - Adult EM (Most questions relate to Faculty whose primary appointment is with Emergency Medicine and who work at the major adult teaching hospitals)

# Do you have a Director of Research?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Not applicable |

# If yes, funded?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Not applicable |

# Number of physicians with salary support to conduct research:

# Number of funded physicians who have completed a research fellowship that includes an MSc/MPH/PhD degree:

# Number of physicians classified as Clinician Investigators/Scientists (at least 25% of time devoted to research):

# Please provide their names:

# How many have external peer-reviewed salary awards?

# How many external peer-reviewed grants does your group currently hold?

# How many of these are from CIHR or HSFC?

# Total amount ($) of external peer-reviewed funding held:

# At present, how many multi-centre studies does your site coordinate?

# In addition, how many peer-reviewed studies are your clinician-researchers participating in (including studies conducted by other universities. i.e., Co-Principal Investigator) ?

# How many non-education peer-reviewed publications has your group had in the past 5 years?

# Are these physicians affiliated with a university or hospital research institute?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Not applicable |

# If yes, name:

# Comment:

# Page 26

# 3. Research Questions

(b) Research Infrastructure (Most questions relate to Faculty whose primary appointment is with Emergency Medicine and who work at the major adult teaching hospitals)

# Do all faculty have access to:

|  |  |
| --- | --- |
|  | PhD Biostatisticians? |
|  | Database and programming support? |
|  | Other, please specify... \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Not applicable |

# Number of full-time non-physician staff for research activities:

# Number of part-time non-physician staff for research activities:

# Number of dedicated offices for staff and researchers:

# Do you have a compensation or points system to reward faculty for abstracts or publications?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Not applicable |

# If yes, how much is provided in total per year ($)?

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# 3. Research Questions

(b) Research Infrastructure cont'd (Most questions relate to Faculty whose primary appointment is with Emergency Medicine and who work at the major adult teaching hospitals)

# Do you provide research grants to conduct research studies (exclusive of salary awards)?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Not applicable |

# If yes, how much total funding per year ($)?

# Do you have a facilitator for resident research projects?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Not applicable |

# How many summer students are hired to assist with research annually?

# Do you offer a Research Fellowship?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Not applicable |

# If yes, how many years?

# If yes, do the fellows obtain a graduate degree ? (Please indicate the thesis requirement in the text box.)

|  |  |
| --- | --- |
|  | MSc, thesis (Y/N)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | MPH, thesis (Y/N)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | MHSc, thesis (Y/N)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | PhD, thesis (Y/N)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Other, please specify... \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Not applicable |

# Comment:

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# 4. Confidential Funding Questions

(Funding data will be kept confidential and only provided in anonymous aggregate format. Data will be collected one or more times, depending on number of divisions.)

# Total Academic budget for Department or Division (including education and research) ($):

# Breakdown of total budget by source:

|  |  |
| --- | --- |
|  | University ($) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Hospital ($) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Physicians ($) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Other ($), please specify... \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# Total stipend for academic Chair/Chief ($):

# Total Education budget for Department or Division (excluding external grants and salary awards, but including staff, physician stipends, departmental grants, points) ($):

# Total stipends for all physician directors per program ($):

|  |  |
| --- | --- |
|  | Education and Scholarship ($) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Undergraduate Clerkship ($) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | CCFP-EM Residency ($) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Royal College Residency ($) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Off-service Residents ($) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Ultrasound ($) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Simulation ($) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Fellowships ($) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Continuing Professional Development ($) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Faculty Development ($) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | TOTAL STIPENDS ($) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# Annual internal research budget for Department or Division (excluding external grants and salary awards, but including staff, physician stipends, departmental grants, points) ($):

# Total stipend for Research Director ($):

# Thanks!

Thank you very much for the time and effort you and your groups have made. Your contributions will help form a Canadian strategy to improve academic activities.